



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
500 JAMES ROBERTSON PARKWAY
THIRD FLOOR
NASHVILLE, TENNESSEE 37243

APPLICATION FOR VENDOR
STATE DEPUTY ELECTRICAL INSPECTOR
NOT FOR GOVERNMENT EMPLOYMENT

**THE STATE OF TENNESSEE IS COMMITTED TO THE PRINCIPLES OF
EQUAL OPPORTUNITY, EQUAL ACCESS AND AFFIRMATIVE ACTION.
DISCRIMINATION ON THE BASIS OF AGE, RACE, SEX, COLOR, RELIGION,
NATIONAL ORIGIN, DISABILITY OR ANY OTHER NON MERIT FACTOR IS
PROHIBITED.**

APPLICATION INSTRUCTIONS: Complete this application carefully, PRINT
USING BLACK INK. Make sure you provide all required information. Unsigned
applications will not be accepted. Do not submit originals of personal documents, as they
will not be returned. Legible photocopies of the application and attachments are
acceptable. Your completed application may be submitted to the Department of
Commerce and Insurance at the above listed address, or you may submit your application
by Fax to (615) 741-1583.

LAST NAME: _____

FIRST NAME: _____

_____MI_____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ZIP CODE: _____

PHONE NUMBERS; include area codes

HOME: _____

BUSINESS: _____

FAX: _____

1. SOCIAL SECURITY NUMBER:

2. RESIDENT/CITIZENSHIP STATUS: Please indicate your citizenship status and your legal resident county. Your legal county is the county in which you reside and to which you definitely intend to return even though you may be temporarily absent.

County: _____

Are you a U.S. citizen? _____

If no, specify your current alien status: _____

3. CRIMINAL HISTORY: Have you ever been convicted, forfeited bond or are you currently on probation for any felony (or any equal offense under military law)? (A felony is defined as an offense punishable by imprisonment for a term of one year or greater.) MARK ONE SPACE. YES _____ NO _____ If yes, give details on a separate sheet of paper for each offense. Include (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may not be disqualified based on merits with respect to time, circumstances and seriousness.

4. BIOGRAPHICAL INFORMATION: optional The following information is for Equal Employment Opportunity/Affirmative Action purposes only. MARK ONE SPACE.

RACE; Alaskan native. _____ Asian or Pacific Islander. _____ Black. _____ Hispanic. _____ Native American Indian. _____ Other. _____ White. _____

GENDER; Female _____ Male _____

DATE OF BIRTH; Month _____ Day _____ Year _____

5. COUNTY PREFERENCE: Applicant is to select no more than 7 (seven) counties in which to contract from only one state supervisory division. Indicate areas by county name and power company. In the event of an area requiring multiple contractors, all qualifying applicants will be interviewed for territory assignment. MARK SPACE (if applicable) ROVER ONLY _____ (*do not fill in 1.-7., no territory assignment, work as needed*).

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

6. SIGNATURE: Under penalty of perjury, I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification, I will not be considered for appointment or if appointed, I will be dismissed and disqualified from future consideration for appointment. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution or organization to provide all information that may be sought in connection with this application.

SIGNATURE OF APPLICANT:

_____**DATE:** _____

7. EDUCATION BACKGROUND: Indicate the highest level of primary or secondary education completed. _____

Schools attended after High School: college, trade or technical; list name and location of school, dates attended, total quarter or clock hours, type of degree or certificate and date of certificate, major field of study or area of concentration.

8. LICENSES: List each license, certification or other authorization to practice a trade or profession. Include type of certification, area of endorsement, license number, original license issue date, current license expiration date and state or agency issuing license.

**** PLEASE READ ****

This document is used by the Department of Commerce and Insurance to establish an applicant's qualification and preference. Nothing in the document should be viewed as contractual in nature. Please, review your application to make sure that all the requested information is included. Please keep a copy of your application for your records.

EXPERIENCE BACKGROUND

*****Important – Please Read*****

INSTRUCTIONS: You should provide your complete work history in the experience background section on the following pages. This applies to all applicants. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in the same position.

To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job in job block A. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held, along with all other requested information for each job.

Incomplete information may lower your application rating. If you moved to a different position within the same organization and your major duties changed, you must list each position as a separate job. Unpaid, volunteer or part-time work experience may also be included with your work experience history. **You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities in the format below to ensure accurate scoring of your application.**

STOP, IF YOU HAVE NOT REVIEWED THE INFORMATION ABOVE, PLEASE DO SO NOW TO BE SURE YOU COMPLETE THIS SECTION CORRECTLY

JOB A.	TITLE OR RANK OF POSITION: _____		
	REASON FOR LEAVING: _____		
EMPLOYED FROM ____/____/____ TO ____/____/____		AVERAGE # OF HRS. WORKED PER WEEK: _____	
	MO. YR.	MO. YR.	
STARTING ANNUAL SALARY: _____		LAST ANNUAL SALARY: _____	
EMPLOYER NAME: _____			
TYPE OF BUSINESS: _____		TELEPHONE: _____	
EMPLOYER ADDRESS: _____			
_____		_____	
STREET	CITY	STATE	ZIP CODE
AVERAGE # OF EMPLOYEES YOU SUPERVISED: _____			
NAME OF YOUR IMMEDIATE SUPERVISOR: _____			

Describe your major duties/responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% Time	DUTIES/RESPONSIBILITIES
100 %	

continued from previous page

Describe your major duties/responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

%Time	DUTIES/RESPONSIBILITIES
100 %	

JOB D. TITLE OR RANK OF POSITION: _____

REASON FOR LEAVING: _____

EMPLOYED FROM ____/____/____ TO ____/____/____ AVERAGE # OF HRS. WORKED PER WEEK: _____
MO. YR. MO. YR.

STARTING ANNUAL SALARY: _____ LAST ANNUAL SALARY: _____

EMPLOYER NAME: _____

TYPE OF BUSINESS: _____ TELEPHONE: _____

EMPLOYER ADDRESS: _____

STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED: _____

NAME OF YOUR IMMEDIATE SUPERVISOR: _____

Describe your major duties/responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.

% Time	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.